UNIVERSITY OF DELAWARE | Cooperative Extension
COLLEGE OF AGRICULTURE & NATURAL RESOURCES

Plant Diagnostic Clinic
Sample Submission Form

Submit Samples and Form to County Extn Offices or:
UD Plant Diagnostic Clinic
151 Townsend Hall
531 S. College Avenue
Newark, DE 19716
Ph: 302-831-1390 E-mail: jillp@udel.edu

Email sample photos to jillp@udel.edu

Office Use Only:

Sample ID #:_____

Date Received:_____

Plant Name:_____ **Scientific Name:**_____

Cultivar:_____ **Date collected:**_____

Insect ID? ☐ yes ☐ no

Location found: _____

Location Where Sample was Taken	**Referring Agent** (i.e. CCE Agent, Consultant, Arborist, etc.) **If different from grower
Grower's Name: _____	**Submitter's Name:** _____
Business:_____	Business:_____
Address:_____	Address:_____
City/State/Zip:_____	City/State/Zip:_____
County:_____	County:_____
Phone: _____	Phone: _____
Email: _____	Email: _____

Information about Submitter/Grower: Please check one each for submitter(S) and grower (G)

Extension Agent	☐S ☐G	Golf Course	☐S ☐G	Lawn/Tree Care Co.	☐S ☐G
Homeowner	☐S ☐G	Consultant	☐S ☐G	Garden Center	☐S ☐G
Farmer	☐S ☐G	Greenhouse	☐S ☐G	Other:_____	☐S ☐G
Dealer/Industry Rep	☐S ☐G	Nursery	☐S ☐G		

Send Reply To:
☐ Submitter
☐ Grower

Date Planted:_____ **Size of Planting:**_____ **% Of Plants affected:**_____ **% of Single Plant affected:**_____

Disease Symptoms:
- ☐ Blight
- ☐ Distortion/Curling
- ☐ Dieback
- ☐ Galls
- ☐ Marginal Burns
- ☐ Mosaic
- ☐ Leaf Spots
- ☐ Rot
- ☐ Shedding/Thinning
- ☐ Streak/Stain
- ☐ Wilting
- ☐ Yellowing
- ☐ Other: _____

Affected Parts:
- ☐ Stems/stalk/trunk
- ☐ Leaves/needles
- ☐ Branches/twigs
- ☐ Flowers/fruit
- ☐ Roots/bulb
- ☐ Crown
- ☐ Whole Plant
- ☐ Seedling

Distribution on Plant:
- ☐ Top of plant
- ☐ Bottom of plant
- ☐ Current-season growth
- ☐ Previous-season growth
- ☐ One side of plant
- ☐ Scattered

Distribution on Site:
- ☐ Entire field
- ☐ Field edge
- ☐ Random
- ☐ High areas
- ☐ Low areas
- ☐ By road/drive/building/pool
- ☐ Other: _____
- ☐ Sunny
- ☐ Shaded
- ☐ Wet areas
- ☐ Dry areas
- ☐ Windy

Soil Type:
- ☐ Sandy
- ☐ Loamy
- ☐ Clay
- ☐ Hydroponic
- ☐ Artificial mix

Irrigation:
- ☐ Drip
- ☐ none
- ☐ Overhead/hand sprinkler

Drainage:
- ☐ Good
- ☐ Fair
- ☐ Poor

Additional Information:

# of acres of plants affected?	
Approx. date problem appeared?	
Gradual or all at once?	
Approx. age of plants?	
How often watered?	
Getting worse or staying the same?	

Additional Comments (Please describe the problem in your own words):

_____

_____

_____

_____

_____

Continue on the Back →

Chemicals and/or pesticides applied, **including method, rate, and date:**

Growth Regulator _____	☐ None	☐ Unknown
Fertilizer _____	☐ None	☐ Unknown
Fungicide _____	☐ None	☐ Unknown
Insecticide _____	☐ None	☐ Unknown
Herbicide _____	☐ None	☐ Unknown
Herbicide previous year _____	☐ None	☐ Unknown
Nematicide _____	☐ None	☐ Unknown
Nematicide previous year _____	☐ None	☐ Unknown
Other: _____	☐ None	☐ Unknown

Insect(s) location, numbers, damage?

_____

Has the soil been checked for nematodes? ☐ No ☐ Yes

DO NOT WRITE BELOW THIS LINE

Test(s) Performed:

☐ Bacterial Streaming	☐ Staining	☐ Lateral Flow Device:
☐ Nematode Assay	☐ Soil Analysis	☐ Culture
☐ Visual Exam	☐ Tissue Analysis	☐ Molecular ID:
☐ Microscopic Exam	☐ Gram stain, KOH	☐ Other:
☐ Moist Chamber Incubation	☐ Isolation	

DIAGNOSIS AND CONTROL

Date of Response: _____

Diagnosis:

Control Information: